

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024168

3118

STATE FILE NUMBER

Registration District No. 1002 Registrar's No.

FILED JUN 17 1963

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

2 8156

3

4 1

5 2

6

7 1

8 2

9 175.0

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11

12 64.0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Kansas City</b>		c. CITY OR TOWN <b>Ottawa</b>	
Length of stay in 1b <b>23 days</b>		Inside Limits <b>Yes</b> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Research Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>126 So. Locust st.</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <b>Yes</b> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>MINNIE</b> Middle <b>A.</b> Last <b>BERGENDAHL</b>		4. DATE OF DEATH Month <b>June</b> Day <b>2</b> Year <b>1963</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-27-1886</b>
9. AGE (last birthday) <b>76</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and state or country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Charles Cochrane</b>		13b. MOTHER'S MAIDEN NAME <b>Agnes Adams</b>	
14. NAME OF HUSBAND OR WIFE <b>Walter Bergendahl</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT <b>Nelle Cochrane</b> Address <b>Kansas City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Metastatic carcinoma of ovary</b> DUE TO (c) <b>of ovary</b>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. <b>3:30 p.m.</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Kansas City, Missouri</b>		20g. COUNTY <b>Franklin</b> STATE <b>Kansas</b>	
21. I attended the deceased from <b>5-10-63</b> to <b>6-2-63</b> and last saw her alive on <b>6-2-63</b> Death occurred at <b>9:45pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>B. Campbell MD</b> (Degree or title)	
22b. ADDRESS <b>Prof. Bldg. KC, Mo</b>		22c. DATE SIGNED <b>6-3-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>		23b. DATE <b>6-5-1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Crematory</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
24. FUNERAL DIRECTOR <b>Eugene P. Amos</b> ADDRESS <b>Shawnee, Kansas</b>		25. DATE RECD. BY LOCAL REG. <b>6-3-63</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 14 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Eugene P. Amos*

Eugene P. Amos

Licensed Embalmer No. Mo. 5023

P. O. Address Shawnee, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.